

# Town of Hampton



## Street Closure Permit

Street Name: \_\_\_\_\_ Cross Street: \_\_\_\_\_  
Name of Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Event: \_\_\_\_\_ Alt. Date: \_\_\_\_\_ No. # of attendees: \_\_\_\_\_  
Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_ No. # of Hours: \_\_\_\_\_  
Event request: \_\_\_\_\_

**NOTE:** Public events or gatherings of 25 or more requires recycling containers (Code of Ordinances § 420-21.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Town Use ONLY

#### Police Department Review

No. Officers Needed: \_\_\_\_\_ Cost: \_\_\_\_\_

Approved: Yes ( ) No ( ) Comments: \_\_\_\_\_

\_\_\_\_\_  
Police Chief Date

#### Fire Department Review

Approved: Yes ( ) No ( ) Comments: \_\_\_\_\_

\_\_\_\_\_  
Fire Chief Date

#### DPW Review

Approved: Yes ( ) No ( ) Comments: \_\_\_\_\_

\_\_\_\_\_  
DPW Director Date

Granted \_\_\_\_\_

### Board of Selectmen

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_